

First HSA
 2561 Bernville Rd.
 Reading, PA 19605
 (Ph) 610-678-6000 or 888-769-8696
 (Fax) 610-678-6818
 Website: www.1hsa.com



Agent Name: _____

Agency: _____

Agents must sign up at www.1hsa.com

Health Savings Account Application

Applicant Information					
*First Name		Middle Initial	*Last Name		*Soc. Sec. #
*Address (if P.O. Box – also provide street address)				*City	*State
*Date of Birth (mm/dd/yyyy)		*Zip:			
*Driver's License # or State ID#		*State:	*Issue Date:	*Expiration Date:	
*Home Phone:	Business Phone:		E-mail Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Company Name		Phone Number	Contact Person		Email Address
Company Address			City	State	Zip Code
Designation of Beneficiaries: I hereby certify that if I die before distribution has been completed, the value of my Health Savings Account shall be distributed to the Beneficiaries named below. Use a separate paper for additional beneficiaries.					
Primary Name		Soc. Sec #	Relationship		Date of Birth
Percent	Address		City	State	Zip
Contingent Name		Soc. Sec #	Relationship		Date of Birth
Percent	Address		City	State	Zip
Authorized Signor (optional) – I hereby designate the following individual as additional authorized signor on my Health Savings Account					
Primary Name		Soc. Sec #	Relationship		Date of Birth
<input type="checkbox"/> Order Additional Check Card—Your account will be debited \$5 for the additional card.					
Fees and Deposits					
Insurance Company Emblem Health		Plan Type <input type="checkbox"/> Individual <input type="checkbox"/> Family		Annual Deductible	Effective Date
*Fee Type	<input type="checkbox"/> E-statement – receive statements via email - see below <input type="checkbox"/> Paper statement – receive statements via US Postal Service				<input checked="" type="checkbox"/> Check here to receive initial order of 20 free checks
*To sign up for e-statements, enter your email address and finalize setup with instructions provided in your welcome kit.				*Email Address	
Please remit with application: Make one check payable to "First HSA" This check should include any current year contributions. During a promotional period, First HSA is waiving our monthly administration fee as long as the current Insurance Plan remains in force. This promotion is subject to change without notification. Once the promotional period has ended or the current Insurance has been terminated, First HSA administration fees will be charged at the current rate. A minimum opening deposit of \$50.00 is required when contributing by check. No minimum opening balance is required if contributing through direct deposit or payroll deduction.					
Direct Deposits – no dates allowed after the 28 th of the month - Attach a voided check or enter personal account information:					
Routing # _____		Account # _____			
<input type="checkbox"/> One Time Date _____	<input type="checkbox"/> Bi Weekly – select 2 days of the month day _____ & day _____		<input type="checkbox"/> Monthly – select the day of the month day _____		<input type="checkbox"/> Annually Date _____
Disclaimer and Signature					
*TIN Certification: Under penalties of perjury, I certify that the social security number shown on this form is my correct taxpayer identification number					
<input type="checkbox"/> I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US Citizen or resident alien.					
<input type="checkbox"/> I am subject to backup withholding because I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends and I am a US Citizen or resident alien					
The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
Health Savings Account Adoption Agreement: This agreement when signed by me and accepted by First HSA acting as an agent for VIST Bank, as Custodian, incorporates the VIST Bank HSA Custodial Agreement (the "HSA Agreement"). By signing this Agreement, I acknowledge: 1) That there are fees for the First HSA Account. 2) That I must be covered by a HSA-qualify "high deductible" health plan to be eligible to make HSA contributions (other than roll-over contributions) or have HSA contributions made by my employer. 3) That my HSA has been established for the purpose of paying qualified medical expenses, and if distributions are not used for this purpose, I may be subject to ordinary income and penalty taxes, which I must report to the IRS. 4) That no loans may be taken from my HSA and no portion of my HSA may be used as security or collateral for a loan. 5) That I am responsible for reporting my HSA and that First HSA has no duty to determine the investment, tax or other consequences resulting from my actions involving my HSA. 6) That First HSA is not an insurance company who offers the high deductible insurance plans. 7) That I will receive a copy of the HSA Custodial Agreement and Disclosures, Electronic Fund Transfer Agreement and Disclosure, Check and Funds Availability Disclosure (if you request checks), Account Agreement, Truth in Savings Disclosure and Your Financial Privacy at VIST Financial Corp. (Member FDIC) – All account holders will receive a VISA check card upon account opening.					
*Signature					Date

*required fields